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## APPLICANTS

Bradley S. Butler, Scottsdale, AZ;

Michael Egan, Glendale, AZ;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY AZ	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
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## ADDRESS

Fennemore Craig  
 3003 N. Central Avenue  
 Suite 2600  
 Phoenix , AZ  
 85012

## TITLE

SPINAL FLUID COLLECTION SYSTEM

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